

# Wisconsin Medicaid and BadgerCare update

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Wisconsin Medicaid and BadgerCare Information for Providers

To:

Ambulance  
Providers

HMOs and Other  
Managed Care  
Programs

## Land ambulance claims for dual entitlements

Effective for claims processed on and after December 15, 2002, land ambulance providers submitting crossover claims for the same dual entitlement on the same date of service (DOS) must use Health Care Procedure Coding System (HCPCS), formerly known as HCFA Common Procedure Coding System, code modifiers.

### Crossover claims must have modifiers

Effective for claims processed on and after December 15, 2002, land ambulance providers submitting crossover claims for the same dual entitlement on the same date of service (DOS) must use Health Care Procedure Coding System (HCPCS), formerly known as HCFA Common Procedure Coding System, code modifiers as required by Medicare. Dual entitlements are recipients covered by Medicare and Wisconsin Medicaid. A crossover claim is a Medicare-allowed claim for a dual entitlement sent to Wisconsin Medicaid for payment of coinsurance and deductible.

Providers should follow their usual procedures when submitting Medicare crossover claims. These claims will automatically be sent by the Medicare carrier to Wisconsin Medicaid for processing. Providers should not submit separate claims to Wisconsin Medicaid for processing. Refer to the Coordination of Benefits section of the All-Provider Handbook for more Medicare information.

### Automatic claim adjustments

Wisconsin Medicaid will automatically adjust all crossover claims processed before December 15, 2002, if the claims had ambulance trips inappropriately denied as duplicates. Wisconsin Medicaid will automatically adjust claims with DOS back to January 1, 2001. Providers do not need to request these adjustments.

### For more information

Please contact Provider Services for questions about policy and billing information at (800) 947-9627 or (608) 221-9883.

### Information regarding Medicaid HMOs

This *Wisconsin Medicaid and BadgerCare Update* contains Medicaid fee-for-service policy and applies to providers of services to recipients on fee-for-service Medicaid only. For Medicaid HMO or managed care policy, contact the appropriate managed care organization. Wisconsin Medicaid HMOs are required to provide at least the same benefits as those provided under fee-for-service arrangements.

The *Wisconsin Medicaid and BadgerCare Update* is the first source of program policy and billing information for providers.

Although the *Update* refers to Medicaid recipients, all information applies to BadgerCare recipients also.

Wisconsin Medicaid and BadgerCare are administered by the Division of Health Care Financing, Wisconsin Department of Health and Family Services, P.O. Box 309, Madison, WI 53701-0309.

For questions, call Provider Services at (800) 947-9627 or (608) 221-9883 or visit our Web site at [www.dhfs.state.wi.us/medicaid/](http://www.dhfs.state.wi.us/medicaid/).